Case 19-70062-JAD Doc 14 Filed 03/06/19 Entered 03/06/19 13:31:58 Desc Main

| | | DOCUM | eni Page i orsu | |
|---------------------|--------------------------|------------------|-----------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Mathew J. Maul | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Janeen A. Maul | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| _ | 19-70062 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | ğ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Pai | t 1: Summarize Your Assets | | |
|-----|--|-------------|---------------------------|
| | | | assets of what you own |
| ۱. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 80,000.0 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 7,764.0 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 87,764.0 |
| ar | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| - | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 86,199.7 |
| - | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.0 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 53,894.1 |
| | Your total liabilities | \$ | 140,093.90 |
| ar | t 3: Summarize Your Income and Expenses | | |
| | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,102.7 |
| | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,226.4 |
| ar | t 4: Answer These Questions for Administrative and Statistical Records | | |
| | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other so | chedules. |
| ·. | ■ Yes What kind of debt do you have? | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Mathew J. Maul
Debtor 2 Janeen A. Maul Case number (if known) 19-70062

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,451.46

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 35,121.05 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 35,121.05 |

| Difficial Form 106A/B Schedule A/B: Property n each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the calk inkit if its best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplyin formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbers every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Current value of the Cur | Civialii | | .00 | 0/19 13.31.50 | | | | , ,, | 19-70062-37 | Case | |
|--|--------------------------------|----------------|----------------|------------------------|-----------------------|--------------------------------|------------------------|---------------|-------------------------|-------------------|--------|
| Debtor 1 | | | | | 3 01 50 | | | / VOUR | ation to identify | in this infor | -#IT # |
| Poblator 2 Janean A. Maul First Name Middle Name Last Na | | | | | | • | case and this ming | | • | III UIIS IIIIOI | |
| Debtor 2 Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA Case number 19-70062 Difficial Form 106A/B Schedule A/B: Property The ach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the call link it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying to promotion of the second case number every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duples or multi-unit building Condominium or cooperative Manufactured or mobile home Land Lilly PA 15938-0000 Land Manufactured or mobile home Land Limeshare Other United States Bankruptcy Court for the: Who has an interest in the property? Check on Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Country Check if this is communit (see instructions) | | | | | | Last Name | Middle Name | <i>l</i> laul | | btor 1 | Debt |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA Case number 19-70062 | | | | | | Last Name | Wildale Hame | /laul | | btor 2 | Debt |
| Case number 19-70062 Difficial Form 106A/B Schedule A/B: Property The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the cather in the separate sheet of this form. On the top of any additional pages, write your name and case number every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land City State ZIP Code Manufactured or mobile home Land Manufactured or mobile home Land Manufactured or mobile home Current value of the entire property? Salo,000.00 Describe the nature of your or salo life estate), if known. Fee simple Cambria County At least one of the debtors and another Check if this is communit (see instructions) | | | | | | Last Name | Middle Name | | | ouse, if filing) | Spou |
| Difficial Form 106A/B Schedule A/B: Property Teach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the calink it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbranes every question. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Street address, if available, or other description Do uplex or multi-unit building Condominium or cooperative Lilly PA 15938-0000 City State ZIP Code Manufactured or mobile home Land Investment property? Check one Other Who has an interest in the property? Check one Describe the nature of your ow a life estate), if known. Fee simple Cambria County At least one of the debtors and another Check if this is communit. | | | | | A | CT OF PENNSYLVANIA | WESTERN DISTR | r the: | kruptcy Court for | ited States B | Jnite |
| Difficial Form 106A/B Schedule A/B: Property The each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the catinic kit fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbers every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Street address, if available, or other description Do not deduct secured claims or the amount of any secured claim or the amount of any secured claims or the amount of an | Check if this is a | □ Che | П | | | | | | 9-70062 | se number | Case |
| each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the catholic tifts best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplyin information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbers are every question. 2art 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Single-family home Duplex or multi-unit building Condominium or cooperative Duplex or multi-unit building Creditors Who Have Claims Sections of the amount of any secured claims or the amount of an | amended filing | _ •• | _ | | | | | | <u> </u> | | |
| ne ach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the cannink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplyin information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbrus inswer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Destor 1 only Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Cambria County Decay I and Debtor 2 only Check if this is communit (see instructions) | | | | | | | | | | | |
| The category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category in the category and the category are filling together, both are equally responsible for supplying from the category question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In | | | | | | | | 3 | m 106A/E | ficial Fo | Off |
| The category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category in the category and the category are filling together, both are equally responsible for supplying from the category question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In | 2/15 | 12/1 | | | | | ertv | - ron | A/B: Pi | chedu | Sc |
| A point it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplyin information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers of the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additional pages, write your name and case numbers on the top of any additiona | | | asset in the | category, list the ass | s in more than one c | only once. If an asset fits i | | _ | | | |
| And 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Lilly PA 15938-0000 City State ZIP Code Investment property Inmeshare Other Univestment property Inmeshare Other Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Cambria County Check if this is communit (see instructions) | g correct | supplying co | ble for supply | equally responsible t | together, both are e | married people are filing to | e as possible. If two | accurat | as complete and | k it fits best. I | nink |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | er (if known). | ase number (i | and case nu | write your name and | y additional pages, v | ils form. On the top of any a | a separate sneet to tr | attach | | | |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | | | | | on Interest In | Estata Vali Oura ar Hava ar | Land or Other Beel | Duildina | iooh Booidanaa B | 4.1. Deceribe | ort: |
| Yes. Where is the property? What is the property? Check all that apply Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Lilly PA 15938-0000 City State ZIP Code Manufactured or mobile home Land Investment property Investment property Investment property Investment property Secured claims or the amount of any secured claims or the amo | | | | | an interest in | Estate Tou Own of Flave at | Land, or Other Real | ,unung | acii Residelice, D | t I. Describe | -ai i |
| What is the property? Check all that apply 348 Railroad St Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Cambria Cambria County What is the property? Check all that apply Single-family home Duplex or multi-unit building Creditors Who Have Claims Sector Claims Creditors Who Have | | | | | milar property? | ence, building, land, or sim | interest in any resid | quitable | ave any legal or eq | o you own or | Do |
| Single-family home | | | | | | | | | 2. | No. Go to Pa | |
| Single-family home Do not deduct secured claims or the amount of any secured claims or creditors Who Have Claims Secured claims or condominium or cooperative Manufactured or mobile home Current value of the entire property? Land Investment property \$80,000.00 Lilly PA 15938-0000 Land Investment property \$80,000.00 Timeshare Other Who has an interest in the property? Check one Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Cambria Debtor 1 only Check if this is communit (see instructions) | | | | | | | | | the property? | Yes Where | |
| Single-family home | | | | | | | | | | | |
| Single-family home | | | | | | | | | | | |
| Single-family home | | | | | that apply | is the property? Check all tha | What | | | | 1.1 |
| Street address, if available, or other description Duplex or multi-unit building Creditors Who Have Claims Sector Condominium or cooperative Manufactured or mobile home Lilly PA 15938-0000 Land Land Investment property Itimeshare Other Other Who has an interest in the property? Check one Debtor 1 only Cambria Cambria Cambria Cambria Cambria Duplex or multi-unit building Creditors Who Have Claims Sector Creditors Who Have Claims Creditor Creditor Creditor Creditor Cred | exemptions. Put | claims or exer | ecured claims | Do not deduct secur | | | _ | | ad St | 348 Railr | |
| County Condominium or cooperative Current value of the entire property? State ZIP Code Investment property S80,000.00 S80,000.00 Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Other At least one of the debtors and another Current value of the current value of the entire property? Current value of the entire property? S80,000.00 Vertically S80,000.00 Vertically S80,000.00 Vertically Verti | s on Schedule D: | red claims on | ny secured cla | the amount of any se | ng | , | | scription | available, or other des | Street address | - |
| Lilly PA 15938-0000 City State ZIP Code Investment property \$80,000.00 Timeshare Other Who has an interest in the property? Check one Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Cambria County Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? \$80,000.00 Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Check if this is community (see instructions) | игеа ву Ргорепу. | aims Secured | nave Claims S | Creditors who have | tive | Condominium or cooperativ | = | | | | |
| Lilly PA 15938-0000 City State ZIP Code Investment property \$80,000.00 Timeshare Other Who has an interest in the property? Check one Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Cambria County Debtor 1 and Debtor 2 only At least one of the debtors and another Current value of the entire property? \$80,000.00 Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Check if this is community (see instructions) | | | | | ome | Manufactured or mobile hor | _ | | | | |
| City State ZIP Code Investment property \$80,000.00 Timeshare Other Who has an interest in the property? Check one Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Cambria County Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is communit (see instructions) | rent value of the ion you own? | | | | ome | | ⊔ ⊐ 38-0000 | 159 | PA | Lilly | |
| Cambria County Other Who has an interest in the property? Check one Describe the nature of your ow (such as fee simple, tenancy be a life estate), if known. Fee simple Check if this is communit (see instructions) | \$80,000.00 | | = | | | | | | | | - |
| Cambria County Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (such as fee simple, tenancy be a life estate), if known. Fee simple Check if this is communit (see instructions) | vnershin interest | | | | - | Timeshare | | | | | |
| Cambria Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another The simple Check if this is community (see instructions) | | enancy by the | mple, tenanc | (such as fee simple | | Other | | | | | |
| County Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another County Check if this is community (see instructions) | | i- | known. | • • | perty? Check one | • • | | | | | |
| County Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community (see instructions) | | | | ree simple | - | - | _ | | | Cambria | |
| At least one of the debtors and another Check if this is communit (see instructions) | | | | | L. | • | | | | | - |
| | y property | | | | • | • | <u> </u> | | | County | |
| outer information you wish to dud about the front do food | | ommunity pro | 0115) | (, | | | | | | | |
| property identification number: | | ommunity pro | | i, ouoii uo iooui | | miorination you mon to ac | | | | | |
| | | ommunity pro | | | | erty identification number: | prope | | | | |
| | | ommunity pro | | | | erty identification number: | prope | | | | |
| | | ommunity pro | | | | erty identification number: | prop | | | | |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | ommunity prc | | - | | erty identification number: | prop | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debto | | aneen A. Maul | | Case number (if known) | 19-70062 |
|-------------|---------------|---|---|--|---|
| . Car | s, vans, | trucks, tractors, sp | port utility vehicles, motorcycles | | |
| \square N | lo | | | | |
| ■ Y | es | | | | |
| 3.1 | Make: | Chevy | Who has an interest in the property? Check one | | ured claims or exemptions. Put |
| | Model: | Trailblazer | ☐ Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2005 | Debtor 2 only | Current value of t | the Comment value of the |
| | Approxin | nate mileage: | Debtor 1 and Debtor 2 only | Current value of t entire property? | the Current value of the portion you own? |
| | | ormation: | At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$1,127 | *1,127.00 |
| | | Chann | | Do not deduct sec | ured claims or exemptions. Put |
| 3.2 | Make: | Chevy | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: | Sonic | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| | Year: | 2013 | Debtor 2 only | Current value of t | |
| | | nate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Г | Otner ini | ormation: | At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$3,237 | 7.00 \$3,237.00 |
| | | | ortion you own for all of your entries from Part 2, includin Part 2. Write that number here | | \$4,364.00 |
| Part 3: | Descri | be Your Personal and | Household Items | ' | |
| | | | r equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exa | amples: No | goods and furnish Major appliances, fu scribe | ings rniture, linens, china, kitchenware | | |
| | | | | | |
| | | recli | sher, dryer, stove. fridge, freezer, dining set, sofa s iners, desk, file cabinet, corner hutch, sideboard, p ssers | | \$1,175.00 |
| Exa | , No | Televisions and radi including cell phone | os; audio, video, stereo, and digital equipment; computers, p s, cameras, media players, games | rinters, scanners; music c | ollections; electronic devices |
| | res. De | scribe | | | |
| | | Desl | ktop PC, 2 lap tops, 2 xbox, 2 tvs | | \$300.00 |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor 1 Debtor 2 | Mathew J. N Janeen A. N | | Case number (if known) | 19-70062 |
|----------------------|--|---|--|---|
| | | I figurines; paintings, prints, or other artwork; books, picture ons, memorabilia, collectibles | es, or other art objects; stamp, coin, | or baseball card collections; |
| _ | s. Describe | | | |
| | | China set | | \$250.00 |
| Exam _l | ment for sports a oles: Sports, photo musical instr s. Describe | ographic, exercise, and other hobby equipment; bicycles, p | ool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | | 2 cameras | | \$75.00 |
| □ No | | s, shotguns, ammunition, and related equipment | | |
| | | 2 pistols, 3 shot guns | | \$1,000.00 |
| □ No | | othes, furs, leather coats, designer wear, shoes, accessori | ies | |
| | | Misc. clothing | | \$400.00 |
| □ No | | welry, costume jewelry, engagement rings, wedding rings, | heirloom jewelry, watches, gems, g | old, silver |
| | | Misc. costume, wedding rings | | \$0.00 |
| Exan | farm animals nples: Dogs, cats, s. Describe | birds, horses | | |
| | | Dog | | \$0.00 |
| ■ No | other personal ar | d household items you did not already list, including a formation | any health aids you did not list | |
| | | of all of your entries from Part 3, including any entries number here | | \$3,200.00 |
| | escribe Your Finar | | | |
| Do you o | own or have any | egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or example or example or example of the portions. |

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Mathew J. Maul

| | ebtor 1 ebtor 2 | Mathew J. Maneen A. M | | | Case number (if known) | 19-70062 |
|-----|--------------------|--|---|---|-------------------------------|-------------------------------|
| 16. | ■ No | | have in your wallet, in your h | nome, in a safe deposit box, and on han | nd when you file your petitio | on |
| 17. | Examp | | | counts; certificates of deposit; shares in ts with the same institution, list each. | ı credit unions, brokerage h | nouses, and other similar |
| | □ No ■ Yes | | | Institution name: | | |
| | _ 100 | | 17.1. | First National Bank check | king account | \$200.00 |
| | | | 17.2. | First National Bank saving (zero balance) | gs belonging to son | \$0.00 |
| 18. | | | or publicly traded stocks, investment accounts with b | rokerage firms, money market accounts | S | |
| | ☐ Yes | | Institution or issue | r name: | | |
| 19. | | ublicly traded s venture | tock and interests in incorp | porated and unincorporated busines: | ses, including an interes | t in an LLC, partnership, and |
| | | Give specific in | formation about them Name of entity: | | % of ownership: | |
| 20. | Negoti | iable instrument | s include personal checks, ca | optiable and non-negotiable instrume ashiers' checks, promissory notes, and r ransfer to someone by signing or delive | money orders. | |
| | ■ No □ Yes. | Give specific inf | ormation about them Issuer name: | | | |
| 21. | Examp ■ No | ment or pension ples: Interests in List each account | IRA, ERISA, Keogh, 401(k), | 403(b), thrift savings accounts, or other | r pension or profit-sharing | plans |
| | — 100. | List caon accor | Type of account: | Institution name: | | |
| 22. | Your s Examp | | ed deposits you have made s | so that you may continue service or use c, public utilities (electric, gas, water), tel | | ies, or others |
| | ■ No □ Yes. | | | Institution name or individual: | | |
| 23. | Annuit | ties (A contract f | or a periodic payment of mor | ney to you, either for life or for a number | r of years) | |
| | ■ No □ Yes | 16 | ssuer name and description. | | | |
| 24. | Interest | ts in an educati | • | qualified ABLE program, or under a c | qualified state tuition pro | gram. |
| | ■ No □ Yes | lı | nstitution name and description | on. Separately file the records of any int | terests.11 U.S.C. § 521(c): | |
| 25. | Trusts | , equitable or fu | uture interests in property (| other than anything listed in line 1), a | and rights or powers exe | rcisable for your benefit |
| | | Give specific in | formation about them | | | |

Official Form 106A/B Schedule A/B: Property page 4

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Debtor 1 Mathew J. Maul

| De | ebtor 2 | Janeen A. Maul | Case number (if known) | 19-70062 |
|-----|--------------------|--|----------------------------------|---|
| 26. | Example ■ No | , copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agree | ements | |
| | ⊔ Yes. | Give specific information about them | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings, liquor | licenses, professional license | es |
| | ☐ Yes. | Give specific information about them | | |
| M | oney or p | roperty owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refu ■ No | unds owed to you | | |
| | ☐ Yes. (| Give specific information about them, including whether you already filed the retur | ns and the tax years | |
| 29. | ■ No | support les: Past due or lump sum alimony, spousal support, child support, maintenance, Sive specific information | divorce settlement, property | settlement |
| 30. | Example No | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vac benefits; unpaid loans you made to someone else Give specific information | cation pay, workers' compen | sation, Social Security |
| 31. | | s in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, hom | neowner's, or renter's insuran | се |
| | ☐ Yes. N | Name the insurance company of each policy and list its value. Company name: Bene | eficiary: | Surrender or refund value: |
| 32. | If you a someor | erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or he has died. Give specific information | r are currently entitled to rece | ive property because |
| 33. | Example ■ No | against third parties, whether or not you have filed a lawsuit or made a dem les: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim | nand for payment | |
| 34. | ■ No | ontingent and unliquidated claims of every nature, including counterclaims | of the debtor and rights to | set off claims |
| 35 | | Describe each claim ancial assets you did not already list | | |
| აე. | . Any fina ■ No | anolai assets you ulu not aneauy list | | |
| | _ | Give specific information | | |
| 36 | | ne dollar value of all of your entries from Part 4, including any entries for part 4. Write that number here | | \$200.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

page 5

Case 19-70062-JAD Doc 14 Filed 03/06/19 Entered 03/06/19 13:31:58 Desc Main Page 8 of 50 Document Mathew J. Maul Debtor 1 Case number (if known) 19-70062 Debtor 2 Janeen A. Maul 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$80,000.00 Part 2: Total vehicles, line 5 \$4,364.00 57. Part 3: Total personal and household items, line 15 \$3,200.00 Part 4: Total financial assets, line 36 58. \$200.00 59. Part 5: Total business-related property, line 45 \$0.00

\$0.00

\$0.00

Copy personal property total

\$7,764.00

Official Form 106A/B Schedule A/B: Property page 6

Part 6: Total farm- and fishing-related property, line 52

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

61. Part 7: Total other property not listed, line 54

60.

\$7,764.00

\$87,764.00

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| | | 1217171 | | |
|---------------------|--------------------------|--------------------|-----------------|---|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Mathew J. Maul | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Janeen A. Maul | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| _ | 19-70062 | | | |
| (if known) | | | | ☐ Check if this is ar amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the l | Property | You | Claim as | Exemp |
|---------|----------|-------|----------|-----|----------|-------|
| | | | | | | |

| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | |
|--|--|-------------------------------------|-----|---|------------------------------------|--|--|--|--|--|
| ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amor | | ount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | | |
| | Washer, dryer, stove. fridge, freezer, dining set, sofa set, 4 beds, 2 | \$1,175.00 | | \$1,175.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | recliners, desk, file cabinet, corner hutch, sideboard, piano, 7 dressers Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Desktop PC, 2 lap tops, 2 xbox, 2 tvs Line from Schedule A/B: 7.1 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Line IIIIII Schedule AVB. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | China set Line from Schedule A/B: 8.1 | \$250.00 | | \$250.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Ellie Holli ochledate AVB. G.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2 cameras Line from Schedule A/B: 9.1 | \$75.00 | | \$75.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Line nom <i>Schedule AVD</i> . 9.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2 pistols, 3 shot guns Line from Schedule A/B: 10.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | LINE HOTH SCHEUUIE AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | | | | | | | | | | |

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Mathew J. Maul

Debtor 1 19-70062 Janeen A. Maul Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Misc. clothing 11 U.S.C. § 522(d)(3) \$400.00 \$400.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit First National Bank checking account 11 U.S.C. § 522(d)(5) \$200.00 \$200.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

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| | | Document Pa | ide 11 of 50 | | |
|----------------------|-------------------------------|---|------------------------------|--|-----------------------------------|
| Fill in this inforr | mation to identify you | r case: | | | |
| Debtor 1 | Mathew J. Maul | | | | |
| | First Name | Middle Name Last | Name | - | |
| Debtor 2 | Janeen A. Maul | | | _ | |
| (Spouse if, filing) | First Name | Middle Name Last | Name | | |
| United States Ba | nkruptcy Court for the: | WESTERN DISTRICT OF PENNSY | LVANIA | | |
| | | | | | |
| _ | 19-70062 | | | | |
| (if known) | | | | | if this is an |
| | | | | amend | ded filing |
| Official Forn | n 106D | | | | |
| | | Who House Claims Co. | armad by Dramari | ha z | 4044 |
| Schedule | D: Creditors | Who Have Claims Sec | cured by Propert | ty | 12/15 |
| | e Additional Page, fill it o | f two married people are filing together, bo out, number the entries, and attach it to this | | | |
| 1. Do any creditors | have claims secured by | your property? | | | |
| ☐ No. Check | ۔ this box and submit th د | nis form to the court with your other sche | dules. You have nothing else | to report on this form. | |
| | | · | adioo. Tod havo houning cloo | to roport on the form. | |
| Yes. Fill in | all of the information b | Delow. | | | |
| Part 1: List A | II Secured Claims | | O-1 A | O-lum D | 0-1 |
| for each claim. If m | nore than one creditor has | nore than one secured claim, list the creditor s a particular claim, list the other creditors in Pa cal order according to the creditor's name. | | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Credit Ac | ceptance | Describe the property that secures the cla | | \$3,237.00 | \$3,589.63 |
| Creditor's Name | <u> </u> | 2013 Chevy Sonic | | | |
| | | | | | |
| | | As of the date you file, the claim is: Check | all that | | |
| PO Box 5 | | apply. | all triat | | |
| | II 48255-1888 | Contingent | | | |
| Number, Street | t, City, State & Zip Code | Unliquidated | | | |
| Who owes the de | aht? Chaak ana | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | sbt: Check one. | _ | | | |
| Debtor 1 only | | An agreement you made (such as mortga car loan) | ige or secured | | |
| Debtor 2 only | | _ ′ | | | |
| Debtor 1 and De | | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | |
| Check if this cl | he debtors and another | Undgment lien from a lawsuit | | | |
| community de | | Other (including a right to offset) | | | |
| - | | | | | |
| Date debt was inc | urred <u>4/17</u> | Last 4 digits of account number | 1438 | | |
| | | | | | |
| 2.2 Credit Ac | | Describe the property that secures the cla | sim: \$5,990.14 | \$1,127.00 | \$4,863.14 |
| Creditor's Name | е | 2005 Chevy Trailblazer | | | |
| | | | | | |
| PO Box 5 | 51888 | As of the date you file, the claim is: Check | all that | | |
| | II 48255-1888 | apply. Contingent | | | |
| | t, City, State & Zip Code | ☐ Unliquidated | | | |
| , | , очу, очина и —р очин | ☐ Disputed | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortga | age or secured | | |
| Debtor 2 only | | car loan) | • | | |
| ■ Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | |
| | he debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this cl | laim relates to a | Other (including a right to offset) | | | |
| community de | ebt | | | · | |
| Date debt was inc | urred 2017 | Last 4 digits of account number | 4687 | | |

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| Debtor 1 | Mathew J. Maul | | Case number (if known) | 19-70062 | |
|-------------------|--|--|------------------------|-------------|--------|
| | First Name Middle M | Name Last Name | | | |
| Debtor 2 | Janeen A. Maul | | | | |
| | First Name Middle N | Name Last Name | | | |
| 2.3 Pe i | nnyMac | Describe the property that secures the claim: | \$73,382.96 | \$80,000.00 | \$0.00 |
| Cred | litor's Name | 348 Railroad St Lilly, PA 15938 | | | |
| | | Cambria County | | | |
| Los | Box 30597 s Angeles, CA 030-0597 | As of the date you file, the claim is: Check all that apply. Contingent | J | | |
| Num | ber, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owe | es the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ☐ Debtor☐ Debtor☐ | • | An agreement you made (such as mortgage or car loan) | secured | | |
| ☐ Debtor | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) |) | | |
| At leas | t one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | if this claim relates to a nunity debt | Other (including a right to offset) | | | |
| Date debt | was incurred 2015 | Last 4 digits of account number 057 | 5 | | |
| | | | | | |
| Add the | dollar value of your entries in (| Column A on this page. Write that number here: | \$86,199 | 0.73 | |
| If this is | <u> </u> | I the dollar value totals from all pages. | \$86,199 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| 0.0 | 13C 13 70002 07 13 | Document Page | 13 of 50 | 7.01.00 Desc Main |
|--|---|--|---|--|
| Fill in this i | nformation to identify your c | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Debtor 1 | Mathew J. Maul | | | 7 |
| Debior 1 | First Name | Middle Name Last Name | <u> </u> | |
| Debtor 2 | Janeen A. Maul | | | |
| (Spouse if, filing | | Middle Name Last Name | | |
| United State | es Bankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVAN | IA | |
| Case number | er 19-70062 | | | |
| (if known) | 13 70002 | | | ☐ Check if this is an |
| | | | | amended filing |
| | orm 106E/F | ho Have Unsecured Claims | | 12/15 |
| | | Part 1 for creditors with PRIORITY claims and | | |
| Schedule D: 0 eft. Attach the name and cas | Creditors Who Have Claims Secu | red Leases (Official Form 106G). Do not includ ired by Property. If more space is needed, cop: e. If you have no information to report in a Part secured Claims | y the Part you need, fill it out | , number the entries in the boxes on the |
| | reditors have priority unsecured | | | |
| ■ No. G | o to Part 2. | - , | | |
| ☐ Yes. | 0 to 1 ait 2. | | | |
| | ist All of Your NONPRIORIT | Y Unsecured Claims | | |
| | reditors have nonpriority unsec | | | |
| _ | | • , | | |
| | ou nave nothing to report in this pa | art. Submit this form to the court with your other so | nedules. | |
| Yes. | | | | |
| unsecure | d claim, list the creditor separately | tims in the alphabetical order of the creditor what for each claim. For each claim listed, identify what the other creditors in Part 3.lf you have more that | at type of claim it is. Do not list of | claims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 1st | Summit Bank | Last 4 digits of account number | r 2016 | \$4.445.63 |
| Non | oriority Creditor's Name | | | |
| - | Donald Lane | When was the debt incurred? | 2016 | |
| | nnstown, PA 15904 ber Street City State Zlp Code | As of the date you file, the clain | n is: Check all that apply | |
| | incurred the debt? Check one. | , to or the date you me, the claim | in io. Oncok all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| _ | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| _ | · | T (NONDDIODITY | red claim: | |
| | at least one of the debtors and ano | | | |
| debt | | ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce | that you did not |
| ■ N | - | ☐ Debts to pension or profit-shar | ring plans, and other similar de | bts |
| _ · | | ■ Other, Specify Judgment | | |
| | | - Omer Specify Gasginon | • | |

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| Debtor | 2 Janeen A. Maul | Case number (if known) 19-70062 | |
|--------|--|---|------------|
| 4.2 | Allstate Indemnity Co. | Last 4 digits of account number | \$615.00 |
| | Nonpriority Creditor's Name 3075 Sanders Rd. Suite H1a | When was the debt incurred? 2017 | |
| , | Northbrook, IL 60062 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services | |
| 4.3 | Altoona Arthritis & Osteoporosis Center | Last 4 digits of account number 6185 | \$75.00 |
| | Nonpriority Creditor's Name 175 Meadowbrook Lane Duncansville, PA 16635-8445 | When was the debt incurred? 1/19 | · · |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical services | |
| 4.4 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | \$1,933.09 |
| | 100 West St Wilmington, DE 19801 | When was the debt incurred? 2014 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify School expenses, tuition, text books | |
| | 55 | — Ouler, Specily | |

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| | ¬ |
|--|---|
| Last 4 digits of account number 346 \$653.95 When was the debt incurred? 1/31/2019 | 5 Borough of Lilly Nonpriority Creditor's Name 421 Main St. |
| 1/31/2019 | Lilly, PA 15938 |
| As of the date you file, the claim is: Check all that apply | Number Street City State Zlp Code |
| | Who incurred the debt? Check one. |
| ☐ Contingent | Debtor 1 only |
| ☐ Unliquidated | ☐ Debtor 2 only |
| ☐ Disputed | ■ Debtor 1 and Debtor 2 only |
| Type of NONPRIORITY unsecured claim: | ☐ At least one of the debtors and another |
| ☐ Student loans | ☐ Check if this claim is for a community |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims | debt Is the claim subject to offset? |
| ☐ Debts to pension or profit-sharing plans, and other similar debts | ■ No |
| Other. Specify Services | ☐ Yes |
| Last 4 digits of account number 4211 \$2,123.44 | 6 Cabelas |
| | Nonpriority Creditor's Name |
| When was the debt incurred? 2015 | |
| As of the date you file, the claim is: Check all that apply | |
| The of the date year me, the chain io. Chock an that apply | Who incurred the debt? Check one. |
| ☐ Contingent | Debtor 1 only |
| | Debtor 2 only |
| | |
| · | |
| | <u> </u> |
| | debt |
| report as priority claims | Is the claim subject to offset? |
| \square Debts to pension or profit-sharing plans, and other similar debts | ■ No |
| ■ Other. Specify Credit card purchases | Yes |
| Last 4 digits of account number 4489 \$1,476.10 | 7 Card Services |
| When we the debtine and 2014 | |
| when was the debt incurred? | |
| As of the date you file, the claim is: Check all that apply | Number Street City State Zlp Code |
| | Who incurred the debt? Check one. |
| ☐ Contingent | ■ Debtor 1 only |
| ☐ Unliquidated | Debtor 2 only |
| ☐ Disputed | Debtor 1 and Debtor 2 only |
| Type of NONPRIORITY unsecured claim: | ☐ At least one of the debtors and another |
| ☐ Student loans | ☐ Check if this claim is for a community |
| Obligations arising out of a separation agreement or divorce that you did not | debt |
| | |
| | ■ No |
| Other. Specify Juniper credit card purchases | ☐ Yes |
| report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Services Last 4 digits of account number 4211 \$2,123 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card purchases Last 4 digits of account number 4489 \$1,476 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | Is the claim subject to offset? No Yes Cabelas Nonpriority Creditor's Name PO Box 82519 Lincoln, NE 68501-2519 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Lincoln and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Yes Card Services Nonpriority Creditor's Name PO Box 13337 Philadelphia, PA 19101-3337 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? In Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? No |

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| Debto | Janeen A. Maul | Case | number (if known) | 19-70062 | |
|-------|--|---|---------------------------|-----------------|----------------|
| 4.8 | Cardionet LLC | Last 4 digits of account number 99 | 12 | | \$23.69 |
| | Nonpriority Creditor's Name PO Box 508 Malvern, PA 19355 | When was the debt incurred? 20 | 18 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Ch | eck all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured clair | m: | | |
| | _ | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation report as priority claims | agreement or divorce the | hat you did not | |
| | No | ☐ Debts to pension or profit-sharing plan | ns, and other similar deb | nts | |
| | ☐ Yes | ■ Other. Specify Medical service | | | |
| | | | | | |
| 4.9 | Comcast Cable Corp Nonpriority Creditor's Name | Last 4 digits of account number 027 | 78 | | \$191.22 |
| | 1701 JFK Blvd Philadelphia, PA 19103 | When was the debt incurred? 20 | 16 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Ch | eck all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured clair | m: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation report as priority claims | agreement or divorce the | hat you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing plan | ns, and other similar deb | ots | |
| | Yes | Other. Specify Services | | | |
| 4.1 | Community Modicine | | | | # CO 40 |
| 0 | Community Medicine Nonpriority Creditor's Name | Last 4 digits of account number | | | \$60.18 |
| | 2310 Jane St Pittsburgh, PA 15203 | When was the debt incurred? 20 | 16 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Ch | eck all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured clair | m: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | \square Obligations arising out of a separation | agreement or divorce the | hat you did not | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plan | * | ots | |
| | Yes | Other. Specify Medical service | ! S | | |
| | | | | | |

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| Debte | Janeen A. Maul | Case number (if known) 19-70062 | |
|----------|---|---|------------|
| l.1 | Conemaugh Memorial Medical Center Nonpriority Creditor's Name PO Box 643928 Pittsburgh, PA 15264-3928 | Last 4 digits of account number When was the debt incurred? 2015 | \$1,090.59 |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services | |
| 4.1 2 | Crystal Pure Bottled Water Nonpriority Creditor's Name | Last 4 digits of account number 6524 | \$233.71 |
| | 445 S Logan Blvd Altoona, PA 16602 | When was the debt incurred? 1/2019 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | _ | |
| | Debtor 2 only | ☐ Contingent | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor Fand Debtor 2 only At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Services | |
| 4.1 3 | DirecTV Nonpriority Creditor's Name | Last 4 digits of account number 7174 | \$532.37 |
| | PO Box 11732 Newark, NJ 07101-4732 | When was the debt incurred? 2015 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Services | |
| | _ 103 | - Other. Specify | |

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| Janeen A. Maul | | Case number (if known) | 19-70062 | |
|---|--|-------------------------------|------------------|---------|
| DLP Conemaugh Phys Group | Last 4 digits of account number | 2105 | | \$140.5 |
| Nonpriority Creditor's Name PO Box 644633 | When was the debt incurred? | 2015 | | |
| Pittsburgh, PA 15264-4633 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ☐ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar d | ebts | |
| Yes | Other. Specify Medical se | rvices | | |
| John Thomas Heating and Cooling | Last 4 digits of account number | 2018 | | \$679.5 |
| Nonpriority Creditor's Name PO Box 519 Hastings, PA 16646 | When was the debt incurred? | 2018 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar d | ebts | |
| Yes | Other. Specify Judgment | | | |
| LabCorp | Last 4 digits of account number | 6609 | | \$5.8 |
| Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216-2240 | When was the debt incurred? | 2018 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar d | ebts | |
| □ Yes | Other. Specify Services | | | |

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| 2 Janeen A. Maul | Case number (if known) 19-70062 | |
|---|--|--------|
| Laurel Pediactric Assoc | Last 4 digits of account number 3977 | \$25.0 |
| Nonpriority Creditor's Name 323 Budfield St Johnstown, PA 15904 | When was the debt incurred? 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Services | |
| Leap Auto & Hardware | Last 4 digits of account number | \$60.6 |
| Nonpriority Creditor's Name 5380 Portage St | When was the debt incurred? 2017 | · |
| Lilly, PA 15938 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Services | |
| Memorial Medical Center | Last 4 digits of account number 0649 | \$1.0 |
| Nonpriority Creditor's Name PO Box 603396 Charlotte, NC 28260-3396 | When was the debt incurred? 2018 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ Other. Specify Medical services | |

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| Debtor 2 | Janeen A. Maul | Case number (if known) 19-70062 |
|----------|--|--|
| 4.2 | Pathology Associates of Blair County Nonpriority Creditor's Name PO Box 380854-0072 Clinton Township, MI 48038 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Case number (if known) Last 4 digits of account number 1711 \$201.60 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Services |
| | Patti A Stefanick DO Nonpriority Creditor's Name | Last 4 digits of account number 7160 \$49.80 |
| _ | 939 Menoher Blvd Johnstown, PA 15905-2838 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? 10/18 As of the date you file, the claim is: Check all that apply |
| | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical services |
| | Portage Chiropractic Nonpriority Creditor's Name | Last 4 digits of account number 1006 \$187.41 |
| _ | 808 Caldwell Ave STE 102 Portage, PA 15946 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply |
| | Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Discount of |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| | ■ No □ Yes | □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical services |

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| Progressive | Last 4 digits of account number | 8437 | | \$145.52 |
|--|--|--------------------------------|--------------------|----------|
| Nonpriority Creditor's Name PO Box 7247-0377 Philadelphia, PA 19170-0311 | When was the debt incurred? | 2017 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | e that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| Yes | Other. Specify Services | | | |
| Ray Oil & Gas Company | Last 4 digits of account number | POLITZA | | \$554.60 |
| Nonpriority Creditor's Name 629 Dulancy Drive Portage, PA 15946 | When was the debt incurred? | 2015 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar de | ebts | |
| ☐ Yes | ■ Other. Specify Services | | | |
| Rezk Medical Supply | Last 4 digits of account number | 3099 | | \$111.78 |
| Nonpriority Creditor's Name | _ | | | |
| PO Box 520 Carrolltown, PA 15722 | When was the debt incurred? | 1/19 | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce | e that you did not | |
| No | Debts to pension or profit-sharir | ng plans, and other similar de | ebts | |
| □ Yes | ■ Other. Specify Medical su | = : | | |

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| Debtor | Janeen A. Maul | | Case number (if known) | 19-70062 | |
|--------|---|--|--------------------------------|------------------|------------|
| 4.2 | Romani and Romani, Attorneys at Law Nonpriority Creditor's Name | Last 4 digits of account number | 5360 | | \$169.69 |
| | PO Box 207 | When was the debt incurred? | 2014 | | |
| - | Cresson, PA 16630 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sep | aration agreement or diverse | that you did not | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce | inat you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar de | bts | |
| | ☐ Yes | Other. Specify Services | | | |
| 4.2 | The Guthrie Clinic Nonpriority Creditor's Name | Last 4 digits of account number | 6941 | | \$15.53 |
| | PO Box 826908 Philadelphia, PA 19182-6908 | When was the debt incurred? | 2018 | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | Labelia | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sep | aration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | · · | , | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar de | bts | |
| | Yes | Other. Specify Services | | | |
| 4.2 | Tipton Family Dentistry Nonpriority Creditor's Name | Last 4 digits of account number | 6583 | | \$1,719.00 |
| | 4579 E Pleasant Valley Blvd Tyrone, PA 16686 | When was the debt incurred? | 2013 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | Student loans | protion agreement div- | that you did | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration agreement or divorce | ınat you did not | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar de | bts | |
| | Yes | Other. Specify Medical se | rvices | | |

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| Debt | Janeen A. Maul | Case number (if known) 19-70062 | |
|------|---|---|------------------|
| 4.2 | UDMO | | \$ 044.40 |
| 9 | UPMC | Last 4 digits of account number | \$941.18 |
| | Nonpriority Creditor's Name PO Box 371980 Pittsburgh, PA 15250-7980 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical services | |
| 4.3 | US Department of Education | Local Adiable of account number | \$35,121.05 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | ψ33,121.03 |
| | PO Box 9635 Wilkes Barre, PA 18773-9635 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | ☐ Other. Specify | |
| | | Student loan | |
| 4.3 | | | |
| 1 | Verizon | Last 4 digits of account number | \$146.62 |
| | Nonpriority Creditor's Name 500 Technology Way Suite 300 | When was the debt incurred? | |
| | Saint Charles, MO 63304 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Services | |

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Debtor 1 Mathew J. Maul

| Debtor | 2 Janeen A. Maul | | Case number (if known) | 19-70062 | |
|---------|---|--|----------------------------------|----------------------|-------------------------|
| 4.3 | | | | | |
| 2 | Vonage | Last 4 digits of account numbe | r 4139 | _ | \$163.83 |
| | Nonpriority Creditor's Name 23 Main St. | When was the debt incurred? | 2017 | | |
| | Holmdel, NJ 07733 | When was the dept incurred? | 2017 | | |
| | Number Street City State Zlp Code | As of the date you file, the clair | n is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecur | ed claim: | | |
| | | ☐ Student loans | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a se | naration agreement or divorce | that you did not | |
| | Is the claim subject to offset? | report as priority claims | paration agreement of divorce | that you did not | |
| | ■ No | Debts to pension or profit-sha | ring plans, and other similar de | ebts | |
| | □Yes | Other. Specify Services | | | |
| | 103 | Other: Specify | | | |
| Part 3: | List Others to Be Notified About a De | ebt That You Already Listed | | | |
| | his page only if you have others to be notified | • | t you already listed in Parts | 1 or 2 For example | if a collection agency |
| is tryi | ing to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad | in Parts 1 or 2, then list the | collection agency l | here. Similarly, if you |
| | nd Address | On which entry in Part 1 or Part 2 did yo | | | |
| CBCS | | | Part 1: Creditors with Prior | = | |
| | ox 2724 nbus, OH 43216-2724 | | Part 2: Creditors with None | oriority Unsecured C | laims |
| Oolan | 1503, 311 43210 2124 | Last 4 digits of account number | | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | |
| | ergent HR, Inc. | | Part 1: Creditors with Prior | ity Unsecured Claim | ıs |
| | ox 6209 | | Part 2: Creditors with Nong | | |
| Dept 0 | | | — Tart 2. Ordators with Non- | onomy onscoured o | lains |
| Cham | paign, IL 61826-6209 | Last 4 digits of account number | | | |
| | | Last 4 digits of account number | | | |
| | nd Address | On which entry in Part 1 or Part 2 did yo | | | |
| | : Collection Services ox 55126 | | Part 1: Creditors with Prior | | |
| | n, MA 02205-5126 | | Part 2: Creditors with Nonp | oriority Unsecured C | laims |
| Doolo | 11, 111/1 02200 0120 | Last 4 digits of account number | | | |
| Nome | nd Address | On which entry in Part 1 or Part 2 did yo | ou list the original graditor? | | |
| | sified Consultants Inc | | Part 1: Creditors with Prior | ity Unsecured Claim | ıs |
| | ox 551268 | | Part 2: Creditors with Nong | | |
| Jacks | onville, FL 32255 | | — Tart 2. Creditors with Non- | onomy onsecured o | iaiiiis |
| | | Last 4 digits of account number | | | |
| | nd Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | |
| EOS (| | Line <u>4.31</u> of (<i>Check one</i>): | Part 1: Creditors with Prior | ity Unsecured Claim | iS |
| - | ox 981002 | | Part 2: Creditors with Nong | oriority Unsecured C | laims |
| DUSIU | n, MA 02298-1002 | Last 4 digits of account number | | | |
| | | | | | |
| | nd Address Advantage. LLC | On which entry in Part 1 or Part 2 did you Line 4.20 of (<i>Check one</i>): | | it | |
| | ox 23860 | | Part 1: Creditors with Prior | | |
| | rille, IL 62223-0860 | | Part 2: Creditors with None | oriority Unsecured C | aims |
| | | Last 4 digits of account number | | | |
| Name a | nd Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | | |
| | Credit Corp | | Part 1: Creditors with Prior | ity Unsecured Claim | ıs |
| | ox 988 | | ■ Part 2: Creditors with Nong | = | |
| Harris | burg, PA 17108-0988 | Last 4 digits of account number | | • | |
| | | Last + digits of account number | | | |

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| Debtor 1 Mathew J. Maul Janeen A. Maul | | Case number (if known) | 19-70062 | | | |
|--|--|--|---------------------------|--|--|--|
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| Phillips, Cohen & Assoc. | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priori | ity Unsecured Claims | | | |
| 1002 Justison St Wilmington, DE 19801 | | Part 2: Creditors with Nonp | priority Unsecured Claims | | | |
| Willington, DE 19001 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | |
| Receivable Outsourcing, LLC | Line <u>4.29</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priori | ity Unsecured Claims | | | |
| PO Box 62850 Baltimore, MD 21264 | | Part 2: Creditors with Nonpriority Unsecured Claim | | | | |
| Daitinore, MD 21204 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| Receivable Performance | Line 4.31 of (Check one): | ☐ Part 1: Creditors with Priori | ity Unsecured Claims | | | |
| Management LLC PO Box 1548 | | Part 2: Creditors with Nonp | riority Unsecured Claims | | | |
| Lynnwood, WA 98046-1548 | | | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | |
| Transworld Systems Inc | Line <u>4.10</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priori | ity Unsecured Claims | | | |
| PO Box 15273 Wilmington, DE 19850 | | Part 2: Creditors with Nonp | oriority Unsecured Claims | | | |
| Willington, DL 19000 | Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 35,121.05 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 18,773.12 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 53,894.17 |

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| | | I A A A HILL | | |
|---------------------|---------------------------|--------------------|-----------------|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Mathew J. Maul | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Janeen A. Maul | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Sankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 19-70062 | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Oldio | Zii Oddo | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | | Document | Page 27 of | 50 | _ |
|--------------------------------|--|--|--------------------------|--------------------------------------|--|
| Fill in this i | nformation to identify your o | ase: | | | |
| Debtor 1 | Mathew J. Maul | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | Janeen A. Maul First Name | Middle Name | Last Name | | |
| | • | | | | |
| United State | es Bankruptcy Court for the: | WESTERN DISTRICT OF | PENNSTLVANIA | | |
| Case number | er 19-70062 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| Official | Form 106H | | | | |
| Schedu | ule H: Your Code | ebtors | | | 12/15 |
| | | | | | |
| people are fall it out, and | iling together, both are equa | ally responsible for supplyi soxes on the left. Attach th | ng correct informatio | n. If more space is | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 1. Do y | ou have any codebtors? (If y | ou are filing a joint case, do | not list either spouse a | s a codebtor. | |
| □ No | | | | | |
| ■ Yes | | | | | |
| 0 14/:41- | in the leat Overage being view | lived in a seminariality was | | . (| ut |
| | , California, Idaho, Louisiana, | | | | rty states and territories include .) |
| ■ No. C | Go to line 3. | | | | |
| ☐ Yes. | Did your spouse, former spou | se, or legal equivalent live w | ith you at the time? | | |
| | | | | | ng with you. List the person shown the creditor on Schedule D (Official |
| | 06D), Schedule E/F (Official | | | | , Schedule E/F, or Schedule G to fill |
| | olumn 1: Your codebtor ame, Number, Street, City, State and ZIF | ^o Code | | Column 2: The cr Check all schedu | reditor to whom you owe the debt les that apply: |
| | | | | | |
| 3.1 R | osland Kapphan | | | ■ Schedule D, | line 23 |
| 52 | 260 Turner Rd | | | ☐ Schedule E/F | |
| G | ibsonia, PA 15044-9531 | | | ☐ Schedule G | |
| | | | | PennyMac | |

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| Fill | in this information t | o identify your ca | ase. | | 1 | | | |
|--|---|--|------------------------------|---|----------------|-------------|-------------------------|-----------------------------------|
| | otor 1 | Mathew J. M | | | | | | |
| | otor 2 buse, if filing) | Janeen A. M | aul | | | | | |
| Uni | ted States Bankrup | tcy Court for the | : WESTERN DISTRICT | OF PENNSYLVANIA | | | | |
| | se number 19- | 70062 | | | | | • | estpetition chapter ving date: |
| 0 | fficial Form | 106I | | | Ī | /IM / DD/ Y | YYY | |
| S | chedule I: | Your Inc | ome | | | | | 12/15 |
| spo atta | use. If you are sep ch a separate shee | arated and you | r spouse is not filing wi | ng jointly, and your spouse is liv th you, do not include information onal pages, write your name and | on abou | t your spo | use. If more | space is needed, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | Debtor 2 | or non-filing | spouse |
| | If you have more | • | Employment status* | ■ Employed | ■ Employed | | | |
| attach a separate page with information about additional | | Linployment status | ☐ Not employed | | ☐ Not employed | | | |
| | employers. | | Occupation | Protective Security Officer | | Indepen | t Aflac Age | nt |
| | Include part-time, self-employed wo | | Employer's name | Paragon Systems, Inc. | | | | |
| | Occupation may i or homemaker, if | | Employer's address | 13655 Dulles Technology Drive Suite 100 Herndon, VA 20171 | | | | |
| Par | t 2: Give De | tails About Mor | How long employed the | ere? 2 years *See Attachment for | Additio | nal Employ | ment Inform | ation |
| Esti spou | mate monthly incouse unless you are a | ome as of the da separated. spouse have mo | ate you file this form. If y | ou have nothing to report for any | | | | |
| | | ess wages, sala | ry, and commissions (be | | For De | | For Debtor non-filing s | spouse |
| 2. | deductions). If no | ot paid monthly, o | calculate what the monthly | y wage would be. 2. \$ | 2 | 2,702.25 | \$ | 135.88 |

Official Form 106I Schedule I: Your Income page 1

0.00

2,702.25

+\$

0.00

135.88

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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| otor 1 otor 2 | Mathew J. Maul Janeen A. Maul | - | Case n | umber (if known) | 19-700 | 062 |
|--------------------|---|---------|--------|------------------|---------------------------------------|--------------------------------|
| | | | For I | Debtor 1 | | ebtor 2 or iling spouse |
| Cop | by line 4 here | 4. | \$ | 2,702.25 | \$ | 135.88 |
| List | t all payroll deductions: | | | | | |
| 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 438.05 | \$ | 0.00 |
| 5b. | Mandatory contributions for retirement plans | 5b. | \$— | 0.00 | \$ | 0.00 |
| 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 |
| 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 |
| 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 |
| 5f. | Domestic support obligations | 5f. | \$ | 253.84 | \$ | 0.00 |
| 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | \$ | 691.89 | \$ | 0.00 |
| | | | · — | | · | |
| Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,010.36 | \$ | 135.88 |
| List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 |
| 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 |
| 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 207.69 |
| 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 |
| 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 |
| 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 |
| 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 |
| 8h. | Other monthly income. Specify: ITPEU Annual Benefit Fund | _ 8h.+ | \$ | 448.50 | | 0.00 |
| | St Mortitz Security Services | _ | \$ | 300.33 | \$ | 0.00 |
| Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 748.83 | \$ | 207.69 |
| | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 2 | + \$ | 34 | 3.57 = \$ 3,102 |
| Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depend | | • | | hedule J. 11. +\$ 0 |
| | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | 12. \$ 3,102 . Combined |
| Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | monthly incom |
| | Yes. Explain: Joint debtor started a new job part time with You | r Ram | odali | na Guye on I | March 4 | 2010 It is at a |
| | commission rate of \$75.00 per appointment sche | | | ng Guya on i | riai CII 4 | , 2013. IL 13 al a |

Official Form 106I Schedule I: Your Income page 2

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| Debtor 1 | Mathew J. Maul | | | |
|----------|----------------|------------------------|----------|--|
| Debtor 2 | Janeen A. Maul | Case number (if known) | 19-70062 | |

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|-----------------------------------|---|
| Occupation | | |
| Name of Employer | ITPEU Annual Benefit Fund | |
| How long employed | | |
| Address of Employer | 216 North Ave East 2nd Fl. | This is a Union company who pays the Debo |
| | Cranford, NJ 07016 | holiday, vacation, sick and training pay. |
| Debtor | | |
| Occupation | Security Officer | |
| Name of Employer | St. Moritz Security Services Inc. | |
| How long employed | 2 years | |
| Address of Employer | 4600 Clairton Blvd | |
| | Pittsburgh, PA 15236 | |

Official Form 106I Schedule I: Your Income page 3

| Fill | in this informa | ition to identify yo | our case: | | | | | |
|-------------------|--|--|--|---|--|----------------------------|--|---|
| | tor 1 | Mathew J. M | | | | Chec | ck if this is: | |
| | | matrion or m | | | | | An amended filing | |
| | tor 2 ouse, if filing) | Janeen A. Ma | aul | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| ` ' | , 0, | | | | | - | • | |
| Unit | ed States Bankı | ruptcy Court for the: | : WESTE | RN DISTRICT OF PENNS | SYLVANIA | | MM / DD / YYYY | |
| 1 | | 9-70062 | | | | | | |
| (If kı | nown) | | | | | | | |
| \bigcirc | fficial Fo | rm 106J | | | | | | |
| | | J: Your I | Exner | ISES | | | | 12/1 |
| Be info nur | as complete ormation. If m nber (if know | and accurate as nore space is ne n). Answer ever | s possible. eded, atta ry question | If two married people ar ch another sheet to this | e filing together, bo form. On the top of | oth are equ any additio | ally responsible fo onal pages, write y | r supplying correct |
| Par 1. | t 1: Desci | ribe Your House nt case? | hold | | | | | |
| | □ No. Go to | | | | | | | |
| | Yes. Doe | s Debtor 2 live i | in a separa | ate household? | | | | |
| | ■ N □ Y | | st file Offici | al Form 106J-2, <i>Expens</i> es | for Separate House | <i>hold</i> of Deb | tor 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | 10 | Yes |
| | | | | | Son | | 12 | □ No ■ Yes |
| | | | | | 3011 | | | ■ Yes □ No |
| | | | | | Son | | 14 | ■ Yes |
| | | | | | | | | □ No |
| 3. | expenses o | penses include f people other tl d your depende | han $_{\square}$ | No Yes | | | | ☐ Yes |
| Par | t 2: Estim | ate Your Ongoi | ng Monthi | y Expenses | | | | |
| Est | imate your ex | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance and | | government assistance i luded it on <i>Schedule I:</i>) | | | Your expe | enses |
| 4. | | or home owners | | ses for your residence. In root. | nclude first mortgage | 4. \$ | S | 642.11 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | 5 | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. \$ | 3 | 0.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 50.00 0.00 |
| | +u. 1101116 | OWITE S ASSUCIAL | JOH OF COLL | John Hulli dues | | 4u. 🏻 | , | U.UU |

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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| 6. Wittlies: Sa. Electricity, heat, natural gas Sa. \$ 162,00 | | tor 1 Mathew J. Maul tor 2 Janeen A. Maul | Case number (if known) | 19-70062 |
|--|-----|--|---------------------------------------|---------------------------------|
| 6b. S 95,00 6c. Telephone. cell phone, internet, satellite, and cable services 6c. \$ 331,53 6d. Other, Specify: Heating oil 6d. \$ 334,00 7. Food and housekeeping supplies 7, \$ 500,00 8c. Childcare and children's education costs 8, \$ 11,00 8c. Childcare and children's education costs 8, \$ 11,00 8c. Childcare and children's education costs 9, \$ 50,00 8c. Childcare and children's education costs 10, \$ 50,00 8c. Childcare and children's education costs 10, \$ 50,00 8c. Childcare and children's education costs 10, \$ 50,00 8c. Childcare and children's education costs 10, \$ 50,00 8c. Childcare and children's education costs 11, \$ 200,00 8c. Childcare and children's education costs 11, \$ 200,00 8c. Childcare and child expenses 12, \$ 250,00 8c. Childcare and child expenses 22, \$ 250,00 8c. Childcare and child expenses 22, \$ 250,00 8c. Childcare and child expenses 22, \$ 250,00 8c. Childcare and child expenses 25, \$ 250,00 8c. Childcare and childcar | 6. | Utilities: | | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Heating oil 6d. \$ 334.00 7. Food and housekeeping supplies 7. \$ 500.00 8. Childers and children's education costs 8. \$ 10,00 9. Clothing, laundry, and dry cleaning 9. \$ 50.00 10. Personal care products and services 11. \$ 50.00 11. Personal care products and services 11. \$ 200.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 250.00 13. Entertainment alters, received, which is a service of the services of the se | | | 6a. \$ | 162.00 |
| 6 d. Other Specify: Heating oil 7. Food and housekeeping supplies 7. \$ 500,00 8. Childcare and children's education costs 8. \$ 10,00 9. Clothing, laundry, and dry cleaning 9. \$ 500,00 10. Personal care products and services 10. \$ 50,00 11. Medical and dental expenses 11. \$ 200,00 11. Medical and dental expenses 12. \$ 250,00 13. \$ 10,00 14. Charitable contributions and religious donations 14. \$ 10,00 15. Charitable contributions and religious donations 16. Charitable contributions and religious donations 17. See 1. | | 6b. Water, sewer, garbage collection | 6b. \$ | 95.00 |
| 7. Food and housekeeping supplies Childare and children's education costs Childare and children's education costs Childare and children's education costs Childare, and dry cleaning Clothing, laundry, and dry cleaning Clothing, laundry, and dry cleaning Clothing, laundry, and dry cleaning Childare and services Childare and services Childare and services Childare and dental expenses Childare and children and services Childare and children and services Childare and childare and services Childare and children and services Children and children and services Child | | | 6c. \$ | 351.53 |
| 8. Childcare and children's education costs 9. Clothing, laundry, and for yleaning 9. \$ 50,00 10. Personal care products and services 11. \$ 50,00 11. Medical and dental expenses 11. \$ 200,00 11. Medical and dental expenses 11. \$ 200,00 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments. 12. \$ 250,00 14. Charitable contributions and religious donations 14. \$ 40,00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 159. Health insurance 150. \$ 0,00 150. Health insurance. 150. \$ 0,00 150. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 150. \$ 0,00 150. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 161. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 162. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 163. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 170. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 171. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 172. Care payments for Vehicle 1 173. Care payments for Vehicle 1 174. Care payments for Vehicle 2 175. \$ 0,00 176. Other. Specify: 176. Other. Specify: 177. Other. Specify: 178. \$ 0,00 179. Other payments for Vehicle 2 179. \$ 0,00 170. Other payments for Vehicle 2 179. \$ 0,00 170. Other payments for Vehicle 2 179. \$ 0,00 170. Other payments for payments for vehicle 2 179. \$ 0,00 170. Other payments for thicle 2 179. \$ 0,00 170. Other payments for payments for thicle 2 179. \$ 0,00 170. Other payments for thicle 2 179. \$ 0,00 170. Other payments for thicle 2 179. \$ 0,00 170. Other payments for thicle 2 179. \$ 0,00 170. Other payments for thicle 2 179. \$ 0 | | 6d. Other. Specify: Heating oil | 6d. \$ | 334.00 |
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| | 24. | For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? | | crease or decrease because of a |
| ☐ Yes. Explain here: | | | | |
| - · | | ☐ Yes. Explain here: | | |

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| Fill in this info | | | | |
|---------------------|---------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1 | Mathew J. Maul | Mill N | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Janeen A. Maul | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | Bankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number | 19-70062 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | |
|------------|---|------------|---|
| Did yo | ou pay or agree to pay someone who is NOT an attorney to h | elp | you fill out bankruptcy forms? |
| ■ N | lo | | |
| □ Y | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| that th | penalty of perjury, I declare that I have read the summary an ey are true and correct. Mathew J. Maul athew J. Maul gnature of Debtor 1 | X _ | /s/ Janeen A. Maul Janeen A. Maul Signature of Debtor 2 |
| Da | March 5, 2019 | | Date March 5, 2019 |

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| Fill in | this info | rmation to identify you | r case: | | | |
|-------------------------------------|------------------------|---|--|-------------------------------------|--|--------------------------------------|
| Debtor | r 1 | Mathew J. Maul | Middle News | Leaf Name | | |
| Debtor | r 2 | Janeen A. Maul | Middle Name | Last Name | | |
| (Spouse | | First Name | Middle Name | Last Name | | |
| United | States I | Bankruptcy Court for the: | WESTERN DISTRICT OF | PENNSYLVANIA | | |
| Case r | number | 19-70062 | | | | |
| (if known | | 10 10002 | | | - | Check if this is an mended filing |
| | | | | | | |
| | | orm 107 | | | | |
| State | emer | it of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| inform | ation. If r (if kno | more space is needed, wn). Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write you | |
| | | our current marital statu | | Elveu Belore | | |
| | Marrie Not m | ed parried | | | | |
| 2. Dı | urina the | e last 3 vears, have you | lived anywhere other than | where you live now? | | |
| _ | | , , | • | • | | |
| | No Yes. | ist all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| D | ebtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory | |
| | l No | | | | • | · |
| _ | l No l Yes. I | Make sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| | | nane care you iii car co. | .cuarecuar ecuacione (e. | | | |
| Part 2 | Ехр | lain the Sources of You | r Income | | | |
| Fil | ll in the t | otal amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| П | l No | | | | | |
| | | -ill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| the date you flied for pankrilbtch. | | ■ Wages, commissions, bonuses, tips | \$5,824.76 | ■ Wages, commissions, bonuses, tips | \$271.77 | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Debtor 1 Mathew J. Maul 19-70062 Debtor 2 Janeen A. Maul Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$44,432.00 \$-758.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$43,297.00 \$-827.00 Wages, commissions. Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Sources of income Gross income from **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe Credit Acceptance Monthly \$296.11 \$6.826.63 ☐ Mortgage PO Box 551888 ■ Car Detroit. MI 48255-1888 ☐ Credit Card ☐ Loan Repayment

☐ Suppliers or vendors

□ Other

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| | otor 2 Janeen A. Maul | | Cas | e number (if known) | 19-70062 | | |
|-----|---|--|---|-------------------------|--|----------------------|--|
| | | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pay | ment for | |
| | PennyMac PO Box 30597 Los Angeles, CA 90030-0597 | Monthly | \$692.81 | \$73,382.96 | ■ Mortgage □ Car □ Credit Cal □ Loan Rep □ Suppliers □ Other | ayment | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment | |
| | insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider Insider's Name and Address t4: Identify Legal Actions, Repossession Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | Dates of payment ns, and Foreclosures cy, were you a party in an | | | Include credi | ng? | |
| | Case title Case number | Nature of the case | District Magistrate Prebish Jr. 730 Portage Rd Cresson, PA 16630 | | Status of the | case | |
| | John Thomas Heating and Plumbing Contractors Inc. v Mathew J. Maul, Janeen A. Maul MJ47303CV95-2018 | Civil | | | ☐ Pending ☐ On appeal ☐ Concluded | | |
| | | | | | Judgemen | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached | , seized, or levied? | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the | |
| | | Explain what happened | d | | | property | |

Case 19-70062-JAD Doc 14 Filed 03/06/19 Entered 03/06/19 13:31:58 Desc Main Page 37 of 50 Document Debtor 1 Mathew J. Maul 19-70062 Debtor 2 Janeen A. Maul Case number (if known) 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name

Part 6: List Certain Losses

| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaste | ŀr, |
|-----|--|-----|
| | or gambling? | |

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Address (Number, Street, City, State and ZIP Code)

Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Date payment

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Attorney Fees

☐ No

Yes. Fill in the details.

Person Who Was Paid
Address
Email or website address
Person Who Made the Payment, if Not You
Michael B. Cohen Law Office
521 South Logan Blvd.
Altoona. PA 16602

michael@michaelcohenlawoffice.com

Description and value of any property transferred

rred or transfer was made

12/18

Amount of payment

\$1,550.00

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Debtor 1 Mathew J. Maul Debtor 2 Janeen A. Maul

Case number (if known) 19-70062

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value transferred | Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|-----|---|---|---|------------------------|---|---|
| | Urgent Credit Counseling | Credit Counsel | ing Certificate | | 10/18 | Unknown |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you No Yes. Fill in the details. | s or to make payments | | | or transfer any propei | rty to anyone who |
| | Person Who Was Paid Address | Description and transferred | value of any prop | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers may include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial aff de as security (such as | airs? the granting of a se | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and property transfer | any property or received or debts change | Date transfer was made | | |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot No ☐ Yes. Fill in the details. | | ny property to a s | elf-settled tru | ust or similar device o | of which you are a |
| | Name of trust | Description and | value of the prope | erty transferr | ed | Date Transfer was made |
| | t 8: List of Certain Financial Accounts, Inst | • | · | · · | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No Yes. Fill in the details. | other financial accou | nts; certificates o | of deposit; sh | | |
| | Name of Financial Institution and | Last 4 digits of account number | Type of accountinstrument | clo | te account was osed, sold, oved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yo cash, or other valuables? | ear before you filed fo | r bankruptcy, any | safe deposi | t box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? |
| | | | | | | |

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Debtor 1 Mathew J. Maul Case number (if known) 19-70062 Debtor 2 Janeen A. Maul

| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | |
|---|---|---|---------------------------------------|-----------------------|--|
| | | | | | |
| | Yes. Fill in the details. | | | _ | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control for | r Someone Else | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | |
| Par | 10: Give Details About Environmental Inform | nation | | | |
| For | he purpose of Part 10, the following definitions | s apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su | air, land, soil, surface water, ground | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | - | aw, whether you now own, operate, | or utilize it or used | |
| | <i>Hazardous material</i> means anything an environ hazardous material, pollutant, contaminant, or | | waste, hazardous substance, toxic | substance, | |
| Rep | ort all notices, releases, and proceedings that y | you know about, regardless of when | they occurred. | | |
| | Has any governmental unit notified you that yo | | • | ontal law? | |
| 24 . | nas any governmental unit notified you that yo | ou may be hable of potentially hable | under of in violation of an environin | ientai iaw : | |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 25. | Have you notified any governmental unit of an | y release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any envi | ronmental law? Include settlements | and orders. | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | y of the following connections to an | y business? | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | either full-time or part-time | | |
| | ☐ A member of a limited liability compan | y (LLC) or limited liability partnershi | ip (LLP) | | |
| Offici | | of Financial Affairs for Individuals Filing | | page | |

Case 19-70062-JAD Doc 14 Filed 03/06/19 Entered 03/06/19 13:31:58 Page 40 of 50 Document Debtor 1 Mathew J. Maul 19-70062 Debtor 2 Janeen A. Maul Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Mathew J. Maul /s/ Janeen A. Maul Mathew J. Maul Janeen A. Maul Signature of Debtor 1 Signature of Debtor 2 Date March 5, 2019 **Date** March 5, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|--------------------|-----------------|--------------------------------------|---|--|
| Debtor 1 | Mathew J. Maul | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Janeen A. Maul | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA | | | |
| Case number | 19-70062 | | | | | |
| (if known) | 13 70002 | | | ☐ Check if this is an amended filing | 1 | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| as exempt on Schedule C |
|-------------------------|
| ■ No deem it. |
| plain]: |
| ■ No |
| deem it. ter into a |
| (|

Official Form 108

property

Description of

Creditor's

name:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Cambria County

348 Railroad St Lilly, PA 15938

PennyMac

☐ No

Yes

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| Debtor 1 Mathew J. Maul Debtor 2 Janeen A. Maul | Case number (if known) 19-70062 |
|---|--|
| securing debt: | |
| Part 2: List Your Unexpired Personal Property Leases | |
| or any unexpired personal property lease that you listed in So | chedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill ired leases are leases that are still in effect; the lease period has not yet ended. trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| _essor's name: | □ No |
| Description of leased | L NO |
| Property: | ☐ Yes |
| _essor's name: | □ No |
| Description of leased | |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | П у |
| Topolity. | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| 11.4 | Li Tes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| | |
| _essor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| | |
| Part 3: Sign Below | |
| nder penalty of perjury, I declare that I have indicated my interprety that is subject to an unexpired lease. | ention about any property of my estate that secures a debt and any personal |
| X /s/ Mathew J. Maul | χ /s/ Janeen A. Maul |
| Mathew J. Maul | Janeen A. Maul |
| Signature of Debtor 1 | Signature of Debtor 2 |

Date

Date

March 5, 2019

March 5, 2019

| Fill in this information to identify your case: | | | | | | |
|--|----------------|--|--|--|--|--|
| Debtor 1 | Mathew J. Maul | | | | | |
| Debtor 2 Janeen A. Maul (Spouse, if filing) | | | | | | |
| United States Bankruptcy Court for the: Western District of Pennsylvania | | | | | | |
| Case number (if known) 19-70062 | | | | | | |

| Check one box only as directed in this form and in Form 122A-1Supp: |
|---|
| |

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test* Calculation (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | Debt | or 1 | Debto non-fi | r 2 or ling spouse |
|--|---|------------------------|----------|-----------------|-----------------------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | e, and commissions | (before all \$ | 3,977.80 | \$ | 473.66 |
| Alimony and maintenance payments. Do not inclu Column B is filled in. | de payments from a sp | oouse if \$ | 0.00 | \$ | 0.00 |
| All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househand roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | ort. Include regular corold, your dependents, spouse only if Column | tributions parents, | 0.00 | \$ | 0.00 |
| 5. Net income from operating a business, profession | • | | | | |
| | Debtor | 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| Net monthly income from a business, profession, or | arm \$0.00 Co | py here -> \$ | 0.00 | \$ | 0.00 |
| 6. Net income from rental and other real property | | | | | |
| | Debtor | 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| Net monthly income from rental or other real propert | , \$ <u>0.00</u> Co | py here -> \$ | 0.00 | \$ | 0.00 |
| 7. Interest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 |

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| Janeen A. Maul | | • | Case numbe | r (<i>if known</i>) | 19-70062 | <u> </u> |
|--|--|---|--|--|------------------------------|---|
| | | | olumn A ebtor 1 | | Column B Debtor 2 o | or |
| Unemployment compensation | | \$ | | 0.00 | \$ | 0.00 |
| Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | nt received was a bene | efit under | | | | |
| For you | \$0 | .00 | | | | |
| For your spouse | \$0 | .00 | | | | |
| Pension or retirement income. Do not include any a benefit under the Social Security Act. | amount received that wa | \$ | | 0.00 | \$ | 0.00 |
| Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or payme umanity, or international | ents al or | | | | |
| · | | \$ | | 0.00 | \$ | 0.00 |
| | | \$ | | 0.00 | \$ | 0.00 |
| Total amounts from separate pages, if any. | | + \$ | | 0.00 | \$ | 0.00 |
| Calculate your total current monthly income. Add I each column. Then add the total for Column A to the total for Column A total fo | | \$3,9 | 77.80 | + \$ | 473.66 | = \$ 4,451.46 |
| 2: Determine Whether the Means Test Applies | to You | | | | | income |
| Calculate your current monthly income for the yea | ar. Follow these steps: | | | | | |
| 12a. Copy your total current monthly income from line | . 44 | | _ | | | |
| , , , | 9 1 1 | | Cop | y line 11 h | iere=> | \$ <u>4,451.46</u> |
| | 3 11 | | Copy | y line 11 f | iere=> | |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the second | | | Сор | y line 11 i | 12 | x 12 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the | he form | | Сор | y line 11 i | | x 12 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to | he form | | Cop | y line 11 f | | x 12 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the | he form you. Follow these ste | | Cop | y line 11 f | | x 12 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the control of the con | he form you. Follow these ste PA 5 e of household. o online using the link s | eps: | | | 12 | x 12 \$ 53,417.52 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the control of the con | he form you. Follow these ste PA 5 e of household. o online using the link s | eps: | | | 12 | x 12 b. \$ 53,417.52 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the control of the con | pyou. Follow these steem PA 5 e of household. o online using the link shruptcy clerk's office. | eps: specified in t | he separa | ate instruc | 12 13 tions | x 12 b. \$ 53,417.52 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. | be of household. o online using the link shruptcy clerk's office. On the top of page 1, c | eps: specified in the | he separa | ate instruc | 12 tions aption of abu | x 12 b. \$ 53,417.52 c. \$ 106,092.00 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the control of the con | be of household. o online using the link shruptcy clerk's office. On the top of page 1, c | eps: specified in the | he separa | ate instruc | 12 tions aption of abu | x 12 b. \$ 53,417.52 c. \$ 106,092.00 |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size for find a list of applicable median income amounts, go for this form. This list may also be available at the bank thow do the lines compare? 14a. Line 12b is less than or equal to line 13. Go to Part 3. 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | be of household. o online using the link shkruptcy clerk's office. On the top of page 1, coordinates of page 1, check box 2 | eps: specified in the | he separa There is i | ate instruc no presum | 12 tions aption of abu | x 12 b. \$ 53,417.52 106,092.00 se. by Form 122A-2. |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the content of the con | be of household. o online using the link solkruptcy clerk's office. On the top of page 1, color of page 1, check box 2 by that the information of the color of the color of the color of page 1, check box 2 by that the information of the color of the color of page 1, check box 2 by that the information of the color | eps: specified in the check box 1, 2, The presult on this state. | he separa There is in the separa ment and the separa | no presum f abuse is | 12 tions aption of abu | x 12 b. \$ 53,417.52 106,092.00 se. by Form 122A-2. |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. On Go to Part 3. 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjure X /s/ Mathew J. Maul Mathew J. Maul | be of household. o online using the link shkruptcy clerk's office. On the top of page 1, coordinate of page 1, check box 2 ary that the information of the coordinate of the | eps: specified in the check box 1, 2, The presults on this state. Is/ Janeer Janeen A. | There is in the ment and in A. Mau | no presum f abuse is in any atta | 12 tions aption of abu | x 12 b. \$ 53,417.52 106,092.00 se. by Form 122A-2. |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. On Go to Part 3. 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. 3: Sign Below By signing here, I declare under penalty of perjurity. | be of household. On the top of page 1, co of page 1, check box 2 Ty that the information of the state of the | eps: specified in the check box 1, 2, The presult on this state. | There is a ment and A. Maul Maul Debtor 2 | no presum f abuse is in any atta | 12 tions aption of abu | x 12 b. \$ 53,417.52 106,092.00 se. by Form 122A-2. |

Mathew J. Maul

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-70062-JAD Doc 14 Filed 03/06/19 Entered 03/06/19 13:31:58 Desc Main Document Page 49 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In r | Mathew J. Maul re Janeen A. Maul | | Case No. | 19-70062 |
|----------|---|---|--|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPI | ENSATION OF ATTO | RNEY FOR DE | RTOR(S) |
| 1 | | | | . , |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation | ing of the petition in bankruptcy. | , or agreed to be paid t | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,550.00 |
| | Prior to the filing of this statement I have received | | | 1,550.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | npensation with any other person | unless they are memb | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ts of the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | atement of affairs and plan which itors and confirmation hearing, and reduce to market value; ex- tions as needed; preparation | n may be required; nd any adjourned hear emption planning; | rings thereof; |
| 6. | By agreement with the debtor(s), the above-disclosed to Representation of the debtors in any other adversary proceeding. | ee does not include the following | g service: cial lien avoidance | es, relief from stay actions or |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | iny agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| <u>_</u> | March 5, 2019 | /s/ Michael B. Co | | |
| Ì | Date | Michael B. Coher Signature of Attorne | | |
| | | Michael B. Cohei | Law Office | |
| | | 521 South Logan | | |
| | | Altoona, PA 1660 814-201-2448 Fa | | |
| | | **** | elcohenlawoffice.co | om |
| | | Name of law firm | | |

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United States Bankruptcy Court Western District of Pennsylvania

| In re | Mathew J. Maul Janeen A. Maul | | Case No. | 19-70062 |
|---------|----------------------------------|--|----------|---------------------|
| | | Debtor(s) | Chapter | 7 |
| The abo | | that the attached list of creditors is true and corr | | of their knowledge. |
| Date: | March 5, 2019 | /s/ Mathew J. Maul | | |
| | | Mathew J. Maul Signature of Debtor | | |
| | | • | | |
| Date: | March 5, 2019 | /s/ Janeen A. Maul | | |
| | | Janeen ∆ Maul | | |

Signature of Debtor